

**STATE OF CONNECTICUT**  
**Department of Economic and Community Development**  
**Preliminary Questionnaire to Determine Eligibility**  
**Enterprise Zone Program (EZ) Incentives**

The response to the following items are intended to provide the State with basic information concerning your business and the proposed activity to confirm if you may qualify for tax incentives as provided under Sec. 12-81(59), 12-81(60) and 12-217(e) of the Connecticut General Statutes. Upon receipt and review of a completed questionnaire, a staff member will contact you to discuss the program further.

Please be advised that the completion of this form does not constitute formal application for a CERTIFICATE OF ELIGIBILITY, which requires more detailed information, it is intended only to allow the Department to make an initial determination concerning your proposal at the least cost in time and effort to you.

PLEASE RETURN THE COMPLETED QUESTIONNAIRE TO:

**Max Perez**  
**Enterprise Zone Coordinator**  
**Office of Planning & Economic Development**  
**City Hall Annex**  
**999 Broad Street 2<sup>nd</sup> Floor**  
**Bridgeport, CT 06604**

If you have questions, or need assistance in completing this questionnaire, please call Ms. Ann Karas at 860-270-8143 or Max Perez Enterprise Zone Coordinator 203-576-3976.

Thanks for your cooperation.

1. LEGAL NAME AND MAILING ADDRESS OF THE BUSINESS

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FEDERAL EMPLOYER I.D# \_\_\_\_\_ SIC/NAICS# \_\_\_\_\_

2. NAME, TITLE AND TELEPHONE NUMBER OF CONTACT PERSON:

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3. ADDRESS AND SIZE (FT<sup>2</sup>) OF THE FACILITY, OR PORTION THEREOF, TO BE OCCUPIED:

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4. ACTUAL OF ANTICIPATED DATE OF OCCUPANCY OF THE FACILITY LISTED ABOVE: \_\_\_\_\_
5. NAME MAILING ADDRESS AND TELEPHONE NUMBER OF THE OWNER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. THE FACILITY WILL BE (please check each that is applicable):  
☐ Constructed ☐ Expanded ☐ Purchased  
☐ If Acquired by Purchase or Lease after having been idle for at least one year  
(Notarized proof of idleness by the Municipality will be required).  
If the facility is being leased or purchased please provide the current assessed value of the space to be acquired \_\_\_\_\_  
☐ Substantially Renovated  
If the facility is being renovated please provide (1) the estimated cost of renovation (\$ \_\_\_\_\_), and (2) the current assessed valuation of the facility (prior to renovation) (\$ \_\_\_\_\_).
7. Briefly describe the activity or activities in which the firm noted in this Questionnaire will be engaged at the location to be occupied. If the facility is to be used for the distribution of manufactured products, describe the geographic area to be served by the facility.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Estimated number and type of new, permanent full-time employment positions to be created at the facility over the next 24 months.  
\_\_\_\_\_

Current pre-project employment \_\_\_\_\_ Projected new full-time positions in the  
1<sup>st</sup> year \_\_\_\_\_ 2<sup>nd</sup> year \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant or Preparer

\_\_\_\_\_  
Date

- NOTES**
1. Renovation should be of a nature requiring the issuance of a building permit and involve capital expenditures of at least 50% of the assessed value of the facility, or portion thereof, prior to its renovation.
  2. A contract for lease must be for initial minimum term of five years with an option to renew for an additional five years or the option to purchase the facility at any time after the initial five-year or both. The term of the lease as well as the idleness as well as the idle requirement may vary for facilities that are located in an Enterprise Zone.

To: Department of Economic & Community Development

This letter is to certify that the following location in \_\_\_\_\_  
(Municipality)

has been idle, vacant or underutilized for one year:

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Sincerely,

\_\_\_\_\_  
Name and Title of Authorized Coordinator

\_\_\_\_\_  
Notary

## TAX IMPACT DISCLOSURE

The purpose of this disclosure request is to obtain an estimate of the value for the annual 80% property tax abatement for real and personal property should your proposed project be determined to be eligible and is certified for this benefit.

Should the applicant or local Assessor later determine there has been an increase in the project cost of 10% or greater, DECD requires notification within ten (10) business days of such determination. No pre-application will be processed without the completion of this page.

Applicant Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Proposed Square Feet: \_\_\_\_\_

Estimate of the 80% real property tax abatement if applied to the above address (one year):  
\$ \_\_\_\_\_

Estimate of the 80% personal property tax abatement on machinery and equipment new to the municipality and proposed to be housed at the above location (one year): \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Municipal Assessor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Signature of Municipal Zone Program Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

### **FOR DECD USE ONLY:**

#### **PROGRAM IDENTIFICATION:**

- ☐ Enterprise Zone (EZ)
- ☐ Urban Jobs (UJ)
- ☐ Enterprise Corridor Zone (ECZ)
- ☐ Qualified Manufacturing Plant (QMP)
- ☐ Entertainment District (ED)
- ☐ Railroad Depot Zone (RDZ)
- ☐ Manufacturing Plant Zone (MPZ)
- ☐ Contiguous Municipality Zone (CMZ)
- ☐ Defense Plant Zone (DPZ)

Estimated Certification Date

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